



Joint Task Force National Capital Region Medical **DIRECTIVE**

NUMBER 5106.02
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J-6

SUBJECT: Clinical and Business Informatics Advisory Group (CBIAG)

- References:**
- (a) Deputy Secretary of Defense Memorandum, “Establishing Authority for Joint Task Force – National Capital Region/Medical (JTF CapMed) and JTF CapMed Transition Team (Unclassified),” September 12, 2007
 - (b) Deputy Secretary of Defense Action Memorandum, “Civilian and Military Personnel Management Structures for the Joint Task Force National Capital Region – Medical,” January 15, 2009
 - (c) Comprehensive Master Plan for the National Capital Region Medical, April 23, 2010
 - (d) Supplement to the Comprehensive Master Plan for the National Capital Region Medical, August 31, 2010

1. **PURPOSE.** This Directive, in accordance with the authority in References (a) through (d), establishes policy and commissions the CBIAG to support the overarching J6 goals of consolidated clinical and business processes and a migration plan for clinical/business applications in the National Capital Region (NCR).

2. **APPLICABILITY.** This Directive applies to JTF CapMed and all Joint Military Treatment Facilities and Centers in the NCR (i.e., Fort Belvoir Community Hospital (FBCH), Walter Reed National Military Medical Center (WRNMMC), and the Joint Pathology Center).

3. **BACKGROUND**

a. In 2007, the Secretary of Defense established the JTF CapMed, which is responsible for establishing a regional military healthcare delivery system within the NCR.

b. The JTF CapMed Information Management/Information Technology (IM/IT) Communications Support Directorate (J6) has been commissioned to support delivery of World-Class Healthcare across the Joint Operations Area (JOA) by providing seamless, integrated, interoperable information exchange. The JOA will include the new Joint MTFs and Centers, WRNMMC, and FBCH.

4. POLICY. The CBIAG shall serve as the primary source of input from clinical and business stakeholders for various system integration activities such as, but not limited to, gap analysis, development of requirements, setting of priorities, purchase of new information systems, and establishment of best practice models for the WRNMMC and FBCH.

a. Authorities. The CBIAG serves as a committee facilitating input from key stakeholders to the J6. It makes recommendations and endorses requests from subordinate groups that will be forwarded to the J6 Director and the appropriate JTF CapMed Clinical Decision Making Committee as deemed necessary. This committee will be devoted to recommending actions in support of the JTF CapMed mission. This committee will be comprised of subject matter experts and will focus on clinical/business integration of information, technology, and processes. The CBIAG scope includes all systems belonging to Air Force, Army, and Navy that will become part of the JTF CapMed Portfolio. The CBIAG will advise the J6 in its advisory role to each of the Decision Making Committees (DMCs).

b. Composition. The CBIAG serves as a committee that represents the J-6 IM/IT. CBIAG members are comprised of representation from Air Force, Army, and Navy.

(1) Appointed Team Chairs:

- (a) Chairman: NCA Clinical Informatics Leaders as Appointed by JTF CapMed J-6
- (b) Co-Chairman: JTF CapMed, J-6 Deputy Director

(2) Members:

- (a) National Naval Medical Center (NNMC), Clinical Informaticist
- (b) JTF CapMed J-7 Director
- (c) JTF CapMed Chief Medical Information Officer
- (d) WRAMC Project Manager, Clinical Informatics
- (e) NNMC Physician Champion
- (f) JTF CapMed Chief of Information Assurance
- (g) WRAMC Chief of Operations Clinical Informatics
- (h) JTF CapMed J-3B, Clinical Operations Branch Chief
- (i) JTF CapMed J-3B Ancillary Clinical Officer

- (j) JTF CapMed J-6 Information Systems Chief
- (k) Base Realignment and Closure Office, Transition Officer
- (l) DeWitt/FBCH, Information Systems Chief
- (m) JTF CapMed J-3B Clinical Operations Officer
- (n) JTF CapMed J-6 Nurse Informaticist
- (o) National Naval Medical Center, Informatics Chief
- (p) WRAMC Nursing Informaticist
- (q) United States Air Force, 779th Medical Group Malcolm Grow, Medical Officer
- (r) DeWitt/FBCH Chief Medical Informatics Officer
- (3) Consultants
 - (a) WRAMC, Chief Information Officer
 - (b) North Atlantic Regional Medical Command IM/IT Project Manager
 - (c) NNMC, Chief Medical Information Officer
 - (d) North Atlantic Regional Medical Command IM/IT Chief
 - (e) NNMC, Chief Information Officer
 - (f) North Atlantic Regional Medical Command, Chief Medical Information Officer
 - (g) DeWitt/FBCH, Chief Information Officer
 - (h) DeWitt/FBCH, Chief Technology Officer
 - (i) United States Air Force, 779th Medical Group Malcolm Grow, Chief Information Officer
 - (j) JTF CapMed Clinical Informaticist
 - (k) North Atlantic Regional Medical Command, Clinical Systems Program Manager Clinical Informatics

c. Responsibilities and Functions. The CBIAG shall facilitate Joint MTFs and Centers toward a future state of an integrated service.

- (1) Determine best practices and/or industry standards in healthcare.
- (2) Identify and escalate issues and risks as deemed necessary.
- (3) Communicate recommendations to appropriate points of contact at Joint MTF and Center levels for implementation and to establish current practices.
- (4) Communicate Portfolio Management to key stakeholders as necessary to facilitate continued development and integration of IM/IT systems.

d. Administration

(1) Meeting Frequency. Meetings will be conducted bi-weekly on Tuesdays from 1300-1500, NNMC Building 27 (JTF CapMed HQ). The group will also meet on an ad hoc basis if deemed necessary by the Chairman.

(2) Decision Making Methodology

(a) The CBIAG will develop courses of action (COAs) for IM/IT or clinical issues that impact the JOA, or as appropriate for each of the objectives and milestones identified on the Integrated Master Schedule. Recommended COAs are discussed in meetings and will be summarized by the Chair, to be submitted along with a consensus recommendation. Consensus will be determined by a majority vote of the identified voting members. The Chairman and Co-Chairman are considered Voting Members and will share one vote. The other Voting Members are as follows:

1. J-6 – JTF CapMed Chief Medical Information Officer.
2. NNMC – Chief Medical Informatics Officer or Representative.
3. DeWitt/FBCH – Chief Medical Informatics Officer or Representative.
4. WRAMC – Chief Medical Informatics Officer or Representative.
5. Malcolm Grow Medical Center – Chief Medical Informatics Officer or Representative.
6. J-3B – Three representatives on the committee, one vote.
7. J-7 – Director.

(b) If decision making is needed on an ad hoc basis, e-mail voting shall be conducted to assist and facilitate the decision-making process. A recommendation may be forwarded after a minimum of 1 week for input. Each specific voting position has the option to defer voting authority to a designated individual from the respective domain. A vote from each voting member shall be required before recommendations are finalized.

(3) Status Reporting. The Chair shall report to the Director of the J-6 on a weekly basis.

(4) Problem/Issue Escalation and Resolution Processes. Standing Sub Groups shall provide updates at each meeting. The CBIAG will forward issues requiring JTF CapMed attention to the J6 Joint Planning Group. As deemed necessary by the J-6 Director, issues will be forwarded to the relevant DMC.

(5) Team Self-Assessment. Working Group members may provide feedback on team processes, status, and progress at any time.

(6) Closure. The CBIAG will exist until such a time that all assigned tasks are completed or otherwise deemed unnecessary.

e. Relationships

(1) The team will establish its own operating procedures, meeting schedule, and interim work products necessary for the completion of its mission.

(2) The following subordinate groups report to the CBIAG: Essentris-Nursing, Essentris-Pharmacy, Essentris- Physicians, Joint Laboratory, and Emergency Department.

5. RESPONSIBILITIES

a. CBIAG Chair. The Chair shall:

(1) Facilitate the team and provide regular updates to stakeholders as requested.

(2) Elevate issues and recommendations to the JTF CapMed J-6 Director and/or the CDMC-Clinical.

b. CBIAG Members. All CBIAG team members shall:

(1) Attend meetings established by the team leader, be prepared for discussions, and contribute accordingly.

(2) Keep their respective Component Leaders apprised of team progress, workings, and recommendations and be responsible for any Service-specific issues.

6. RELEASABILITY. UNLIMITED. This Directive is approved for public release and is available on the Internet from the JTF CapMed Web Site at: www.capmed.mil.

7. EFFECTIVE DATE. This Directive is effective immediately.



STEPHEN L. JONES
Brigadier General, U.S. Army
Deputy Commander